

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

Application For Permit To Remove, Collect, Transport or Dispose of Offensive Materials  
(Article III, Section 1e, Suffolk County Sanitary Code)

**TYPE OR PRINT LEGIBLY**

TO THE COMMISSIONER OF THE SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES:

Application is hereby made for a permit to remove, collect, transport or dispose of offensive materials in Suffolk County, pursuant to the provisions of Section 1, Article III of the Suffolk County Sanitary Code for the period ending on the last day of December, \_\_\_\_\_, and in support of such application the following information is submitted:

Permit No.: \_\_\_\_\_ Firm: \_\_\_\_\_  
(make corrections and entries on blank lines) : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_  
: \_\_\_\_\_ : \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Area Code and Phone No.: \_\_\_\_\_  
: \_\_\_\_\_ : \_\_\_\_\_ : ( \_\_\_\_\_ ) \_\_\_\_\_

Type Of Offensive Material To Be Handled: \_\_\_\_\_  
(household garbage, construction debris, etc.)

Total Number of Trucks: \_\_\_\_\_ (List All Trucks on Page 2 of Application)

Area(s) Served: \_\_\_\_\_ (Hamlets, Villages or Towns)

Address Where Trucks Are Garaged: \_\_\_\_\_

Disability Ins. No.: \_\_\_\_\_ Worker's Comp. Policy No.: \_\_\_\_\_  
: \_\_\_\_\_ : \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_  
: \_\_\_\_\_ : \_\_\_\_\_

I understand the statements, questions and answers made thereto in this application and agree, if granted a permit, to conform to the pertinent provisions of Articles III and V of the Sanitary Code of Suffolk County. I understand that such permit may be suspended at any time by the Suffolk County Commissioner of Health Services for violation of the provisions of said ordinance or of the conditions of such permit, or otherwise when deemed by said commissioner necessary for the protection of the public health and that such permit may be revoked by said commissioner after hearing on due notice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Official Connection With Business

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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Permit No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

LIST OF TRUCKS USED FOR WASTE HAULAGE

<b><u>YEAR</u></b>	<b><u>MAKE</u></b>	<b><u>LICENSE</u></b>	<b><u>NEW LICENSE</u></b>	<b><u>DELETE TRUCK</u></b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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FIRM NAME \_\_\_\_\_

PERMIT NO. RD- [ ] [ ] [ ]

XX

Town of Babylon Disposal Site(s)	Town of Riverhead Disposal Site(s)
Town of Brookhaven Disposal Site(s)	Town of Smithtown Disposal Site(s)
Town of East Hampton Disposal Site(s)	Town of Southampton Disposal Site(s)
Town of Huntington Disposal Site(s)	Town of Southold Disposal Site(s)
Town of Islip Disposal Site(s)	Other (Specify Name and Location Below)

XX

**STATEMENT OF OWNER OR OPERATOR OF DISPOSAL SITE(S)**

Permission is hereby granted to the above named applicant to deliver waste as stated in the application to the below listed site, subject to the Rules and Regulations of the New York State Department of Environmental Conservation and Suffolk County Department of Health Services. **Signature does not relieve applicant of responsibility for filing for necessary town permits and/or licenses.**

XX

Name of Disposal Site or Receiving Station	Date
Signature	Printed or Typed Name

XX

Name of Disposal Site or Receiving Station	Date
Signature	Printed or Typed Name

XX

Name of Disposal Site or Receiving Station	Date
Signature	Printed or Typed Name

XX

Name of Disposal Site or Receiving Station	Date
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